



Prevention and Aerospace Medicine Team

**This briefing is
UNCLASSIFIED**

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HQ ACC/SGX**



PAM TEAM

- **Designed to prevent Disease and Non-Battle Injuries (DNBI) which have historically had a significant impact on mission accomplishment in wartime/contingency operations**
- **Consists of eight personnel and associated equipment, and is composed of four Unit Type Codes (UTCs), FFGL2, FFGL3, FFGL4 and FFGL5**
- **Designed to travel light and be extremely mobile so it can provide timely preventive medicine requirements to meet the needs of the entire population at the bed-down location**
 - **FFGL2 & FFGL3 equipment is limited to backpacks and can be carried as professional**



PAM TEAM

- **Can deploy as a stand-alone asset or with any EMEDS modular combination**
- **Team requires Expeditionary Combat Support (ECS), including access to transportation to accomplish its mission successfully**
- **Assumes low NBC treat - has minimal detection capability**
- **Requires timely re-supply depending on PAR**
- **PAM Teams will be deployed to meet specific requirements for virtually all types of military missions**



OPERATIONS

- **PAM Teams (FFGL2, FFGL3, FFGL4 and FFGL5) will be tasked to support each major OPLAN bed down**
- **Under the AEF concept, FFGL2 and FFGL3 will be deployed with an Expeditionary Medical Support (EMEDS) Basic Team to support a deployed AEW or AEG**
- **FFGL4 will be deployed with 10-bed EMEDS (EMEDS+10 bed AFTH) to support the larger population at risk (PAR) in a deployed AEW**
- **FFGL5 is an equipment only UTC and is used when the PAM Team is deployed as a stand-alone asset or if needed for augmentation**



CAPABILITIES

- **Provide primary care, flight medicine, and occupational medicine**
- **Run the Aerospace Medicine Program**
- **Provide comprehensive Public Health Program**
- **Provide comprehensive Bioenvironmental Engineering Program**
- **Can operate at bare-base or building of opportunity**





EMEDS INTEGRATION

- **PAM ADVON (FFGL2) - critical piece of SPEARR Team - may be first to arrive**
 - **For AEF should be first medics to arrive with Wing ADVON Team - 2 seats/first aircraft**
- **FFGL3 - key component of EMEDS Basic**
- **FFGL4 - arrives with EMEDS + 10**
- **FFGL5 - may augment any EMEDS**
- **PAM Stand-alone - may augment one or many Air Transportable Clinics (ATCs)**



Medical Building Blocks: Modular Response

ATC

PAM

MFST

EMEDS

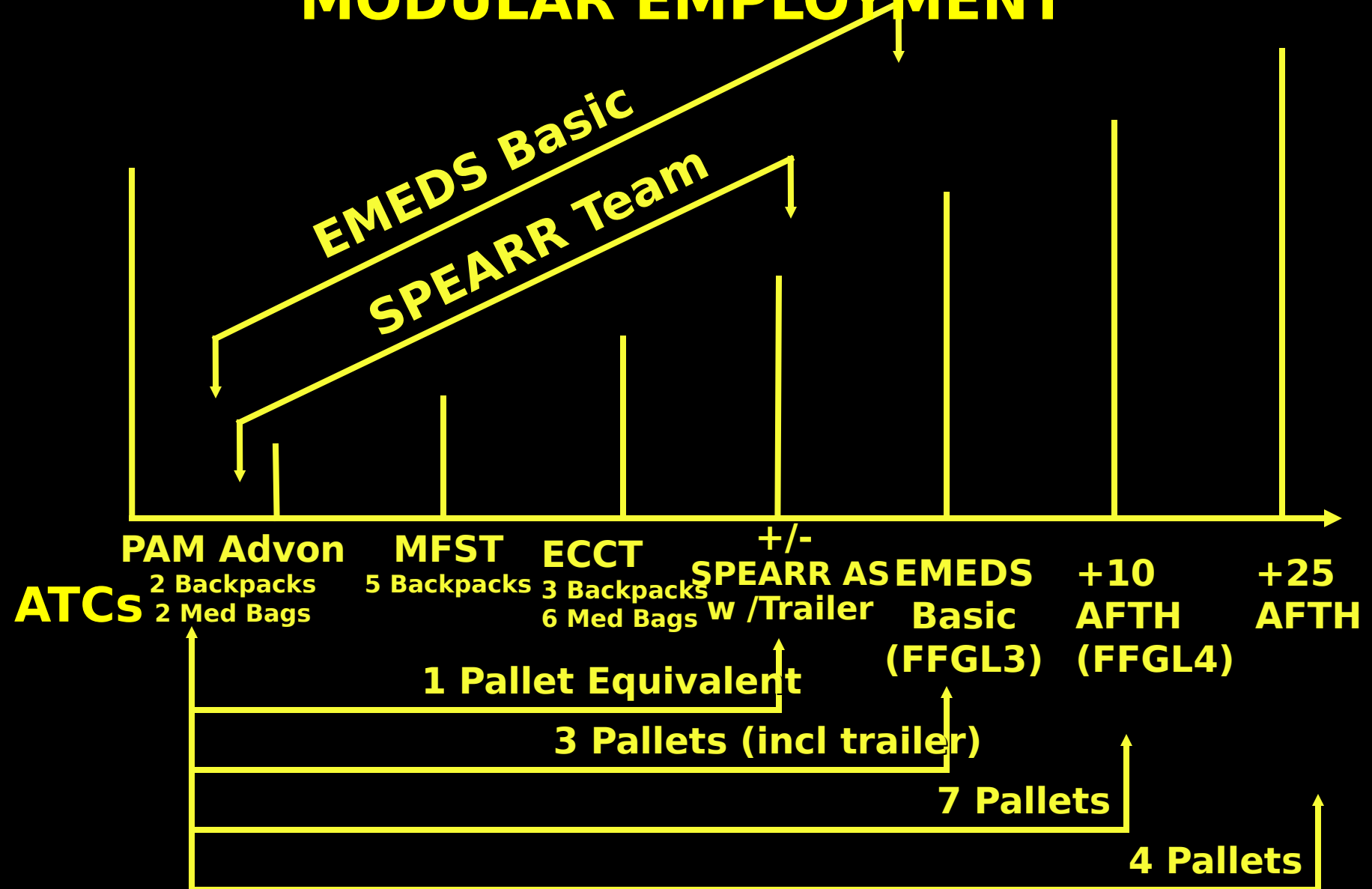
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ECCT

SPEAR

- Problem Specific Treatment
- Increased Efficacy
- Extends Limited Resources
- *Maximizes Options for Commanders*
- Flexible Force Modules

SPEARR and EMEDS/AFTH CONOPS: MODULAR EMPLOYMENT





FFGL2

MED PREV & AEROSPACE MED TM 1 (PAM ADVON TM)

PROVIDES PREV MED SVCS FOR DEPLOYED BASE UP TO 5000 PSNL WHEN DEPLOYED W/FFGL3/4.

PROVIDES PSNL/EQUIP FOR MED SPT PLANNING, MED INPUT INTO LAYOUT OF SANITATION FACILITIES, AND ENSURES SAFETY OF FOOD/WATER SUPPLY.

PROVIDES LMTD CLINICAL SVCS. DEPLOYS W/LEAD WG TO HELP ESTAB BASE INFRASTRUCTURE, OR SUPPORT LMW OP'S.

CAN SERVE AS COMPONENT OF SPEARR TM. CAN ACT AS ADVON TO AEF EMEDS TM. AS EMEDS ADVON DEPLOYS TWO PSNL UP TO 24-HRS BEFORE EMEDS SURG TM.

BASED ON SCENARIO, 43E3A, 4F071-SEI 496, OR 4N071-SEI 496 MAY SUB FOR 43H3 UPON EXECUTION. IF EITHER SUB OCCURS, PRIMARY 43H3 AFSC MUST DEPLOY ON UTC FFGL3 WHEN DEPLOYED.

48P3, 48F3, OR 48E3 MAY BE ASSIGNED TO FFGL2 IN PLACE OF 48A3 WITH MAJCOM/SG APPROVAL.

SOURCE: AD, AFRES, ANG. DEPLOYS TO MOB, COB, SB, BB, AND LB. REQUIRES ECS. OPR: HQ ACC/SGXP. LAST REVIEW: AUG 00.



FFGL3

MED PREV & AEROSPACE MED TM 2 (PAM BASIC TM)

PROVIDES PUBLIC HEALTH, OCCUPATIONAL, ENVIRONMENTAL, & DISEASE ASSESSMENT/SURVEILLANCE/INTERVENTION/ABATEMENT AT EMPLOYMENT LOCATION FOR DEPLOYED BASE UP TO 5000 PSNL WHEN DEPLOYED WITH FFGL2/4. PROVIDES PSNL/EQUIP FOR MED SPT PLANNING, MED INPUT INTO LAYOUT OF SANITATION FACILITIES, AND ENSURES SAFETY OF FOOD/WATER SUPPLY.

DEPLOYS EARLY-ON W/LEAD WG TO HELP ESTAB BASE INFRASTRUCTURE, OR SUPPORT LEAD MOBILITY WING OPERATIONS.

FFGL3 MAY DEPLOY WITH FOLLOW-ON UTCS TO PROVIDE EMEDS BASIC CAPABILITY.

4N071-496 MAY SUB FOR 4F071-496. NO OTHER SUBS ALLOWED.

SOURCE: AD, AFRES, AND ANG. DEPLOYS TO MOB, COB, SB, BB, AND LB. REQUIRES ECS. OPR: HQ ACC/SGXP. LAST REVIEW: AUG 00.



FFGL4

MED PREV & AEROSPACE MED TM 3 (PAM SUSTAINMENT TM)

PROVIDES PSNL/EQUIP FOR LONG-TERM FORCE SUSTAINABILITY AND REDUCED DNBI THRU PUBLIC HEALTH AND OCCUPATIONAL/ENVIRON/DISEASE SURVEILLANCE, INTERVENTION, AND ABATEMENT IN CONJUNCTION WITH FGL2/3 FOR DEPLOYED BASE UP TO 5000 PSNL.

CONDUCTS PROGRAMS TO ENSURE A SAFE AND HEALTHY WORKING AND LIVING ENVIRONMENT

PROVIDES MEDICAL SURVEILLANCE FOR SAFETY OF FOOD AND WATER SUPPLY, SANITATION FACILITIES, AND CONTROL OF DISEASE VECTORS

DEPLOYS WITH FFGL2/3 AND EQUIPMENT ONLY UTC FFGL5 AS FOR

INDEPENDENT BASE-LEVEL PREVENTIVE MEDICINE CAPABILITY; ALSO MAY DEPLOY AS MODULE IN SECOND INCREMENT OF EMEDS/AFTH

AS SECOND INCREMENT, DEPLOYS WITH FFEP3 AND FFEE2 TO PROVIDE MEDICAL/PREVENTION SUPPORT TO PAR OF 2000-3000

SOURCE: AD, AFRES, AND ANG

DEPLOYS TO MOB, COB, SB, BB, AND LB. ECS REQ'D



FFGL5

PREV & AEROSPACE MED EQUIP (PAM INFRASTRUCTURE PKG)

PROVIDES INFRASTRUCTURE EQUIP FOR STAND-ALONE PAM

TEAM EMPLOYMENT

ENABLES FORCE SUSTAINABILITY AND REDUCED DNBI THRU PUBLIC HEALTH AND OCCUPATIONAL/ENVIRON/DISEASE SURVEILLANCE, INTERVENTION, AND ABATEMENT IN CONJUNCTION WITH FFGL2/3/4 FOR DEPLOYED BASE UP TO 5000 PSNL.

PROVIDES ADDITIONAL EQUIPMENT FOR WORKING AND LIVING ENVIRONMENT NORMALLY EMBEDDED IN THE EMEDS EQUIPMENT PACKAGE FFEE1/2 WHEN THE PAM TEAM EMPLOYS IN STAND-ALONE MODE

DEPLOYS WITH FFGL2/3/4 WHEN A STAND-ALONE PAM TEAM IS TASKED.

**SOURCE: AD. DEPLOYS TO MOB, COB, SB, BB, AND LB
ECS REQ'D**

OPR: HQ ACC/SGXP. LAST REVIEWED: AUG 00



Prevention and Aerospace Medicine Team Summary

- **Designed to prevent disease and non-battle injuries**
- **Missions/Tasks**
 - **Health threat/risk assessment**
 - **Health hazard surveillance, control, and mitigation of effects**
 - **Primary/emergency care, flight medicine**
- **Population at risk; 2-10,000**
- **Covers the full spectrum of contingency operations as a stand-alone or with EMEDS integration**





QUESTIONS?

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